



Youth _____ College _____

Returnee _____ New _____

Academic School Year Program Placement Information

Volunteer Services | 785-354-6095 | volunteerdept@stormontvail.org

General Information

Applicant Name _____ DOB _____ Age _____

Primary Email will be used to communicate schedules and other important information. **Alternate** email address will be used if primary e-mail does not respond). Contact 354-6095 if there is a change in email addresses or phone numbers.

Primary **Email**: _____ Check one: Applicant Parent/Guardian (father) Parent/Guardian (mother)

Alternate **Email**: (if under 18 years of age) _____

Check one: Applicant Parent/Guardian (father) Parent/Guardian (mother) Name, if **not** applicant _____

Primary Phone number will be used when communicating by phone. Alternate number will be used if primary number does not respond.

Primary **Phone**: Phone © _____ (h) _____ (w) _____

Check one: Applicant Parent/Guardian (father) Parent/Guardian (mother) Name, if **not** applicant _____

Alternate **Phone**: (if under 18 years of age) Phone © _____ (h) _____ (w) _____

Check one: Applicant Parent/Guardian (father) Parent/Guardian (mother) Name, if **not** applicant _____

If you are a returnee, list areas at Stormont Vail where you previously volunteered _____

Assignment Preferences

New volunteers should bring this completed form to the interview. **All volunteers** should review the academic school-year opportunities at www.stormontvail.org and list your preferences below. Make sure you meet the age requirement for all choices. **PLEASE LIST ALL 6 CHOICES.**

1st Choice – Dept. or Service: _____ 4th Choice – Dept. or Service: _____

2nd Choice – Dept. or Service: _____ 5th Choice – Dept. or Service: _____

3rd Choice – Dept. or Service: _____ 6th Choice – Dept. or Service: _____

Scheduling Preferences

Mark ALL times/days you are available. Number each in order of priority. Example: a “1” placed on the line by Mon. morning indicates it is your first choice; a “2” on Wed. afternoon indicates it is your second choice, etc. Please list ALL POSSIBLE options. If we do not have an assignment available on the days/times you listed below, we will assume you do NOT have other availability options and we will not be able to place you.

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning_____	Morning_____	Morning_____	Morning_____	Morning_____	Morning_____	Morning_____
Afternoon____	Afternoon____	Afternoon____	Afternoon____	Afternoon____	Afternoon____	Afternoon____
Evening_____	Evening_____	Evening_____	Evening_____	Evening_____	Evening_____	Evening_____

If you are applying as a **new volunteer**, please bring this completed form to your interview.

If you are a **returning volunteer**, you may fax the placement information to 785-354-5812 and you will be contacted regarding placement.